



☐ Duplicate

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL Subsection (b) of 35 U.S.C. §132, effective on May 29, 2000, provides for continued examination of an utility or plant application filed on or after June 8, 1995. See The American Inventors Protection Act of 1999 (AIPA).	Application Number	10/692,818
	Filing Date*	October 27, 2003
	First Named Inventor	YAO
	Group Art Unit	2676
	Examiner Name	M. Rahmjoo
	Attorney Docket No.	3111-370

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application.
NOTE: * Filing date must be on or after June 8, 1995; but if before May 29, 2000, then consider a CPA.

1. Please consider the following as the required submission under 37 C.F.R. §1.114:

- ☒ a. The Amendment/Reply filed on October 12, 2005:
- ☐ b. The Information Disclosure Statement (IDS) filed on (date):
- ☐ c. The Brief/Reply Brief filed on (date):
- ☐ d. The ___ page(s) of Form PTO-1449 and copy of each listed document filed (date):
- ☐ e. Other:
- ☒ 2. A Second One-month Petition for Extension of Time in the amount of \$165.00 is filed herewith (a first one-month extension of time in the amount of \$60 having been previously paid on October 12, 2005).
- ☒ 3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17 to Deposit Account No. 501874.
- ☒ 4. Authorization is hereby given to charge Deposit Account No. 501874 in the amount of \$560.00 to cover the Small Entity Filing Fee (\$395) and the Small Entity Extension Fee (\$165). A duplicate of this form is enclosed herewith.
- ☐ 5. This Request is transmitted by facsimile to number (703) _____.
- ☐ 6. Other:

THE RCE FEE IS CALCULATED AS FOLLOWS:						Basic Fee:	\$790.00	
Total Claims:	18	-	20	(highest number previously paid for) =	0.00	X \$18 =	0	
Independent Claims:	2	-	3	(highest number previously paid for) =	0.00	X \$86 =	0	
Correspondence Address: TROXELL LAW OFFICE PLLC 5205 Leesburg Pike, Suite 1404 Falls Church, VA 22041						Multiple Dependent Claim (add \$280.00):	0	
						Subtotal:		\$790.00
						50% Reduction if Small Entity Status:		\$395.00
Phone: 703-575-2711 Fax: 703-575-2707						Total:	\$395.00	
Date:		Name:			Signature:		Reg. No.	
November 14, 2005		Bruce H. Troxell					26,592	

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